U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

***Consideration			
1. File Number U - 7957	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name GERALD J RYAN	Name OPERATIVE PLASTERERS' & CEMENT MASONS'INT.ASS		
	Labor Organization File Number 00132		
P.O. Box, Bidg., Room No., if any SUITE 300	P.O. Box, Building and Room Number, if any SUITE 300		
Street 14405 LAUREL PLACE	Street 14405 LAUREL PLACE		
Chy LAURIL The state of the st	City LAUREL		
State Maryland ZIP Code + 4 20707	State Maryland ZIP Code + 4 20707		
5. Position in labor organization. DIRECTOR OF TRAINING, INT. RE	P.		
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Chro. A.	7.b. Amount.		
Street			
Sinte De Code + 4	d the second sec		
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned knowledge and belief, true, correct, and complete. (See the second complete in the second complete in the second complete in the second complete.)	ring documents), has been examined by the signatory and is, to the best of the		
Signed to the Si	On 07/07/2005 301-470-4200		
A CANADA AND AND AND AND AND AND AND AND AN	Date Telephone Number		

Name of Person Filing GERALD RYAN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name ANAPOL, SCHWARTZ, WEISS, COHAN & FIELDMAN Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1900 DELANCY PLACE City PHILADELPHIA State Pennsylvania ZIP Code + 4 191103	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. THIS COMPANY IS A LEGAL FIRM WORKING IN RECOUPING OWED FUNDS TO VARIOUS PLANS THROUGH PHARMACY BENIFIT MANAGERS.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ONE COCKTAIL PARTY. JANUARY 27, 2004 FORT LAUDERDALE, FLORIDA GOOD FAITH ESTIMATE \$35.00		
	12.b. Amount. \$35		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name State the last and the control of the contr			
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing GERALD RYAN	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name EBERTS & HARRISON Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 10630 LITTLE PATUXENT PARKWAY City COLUMBIA State Maryland ZIP Code + 4 21044	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. if 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. INSURANCE COMPANY			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. CRAB DINNER AT GUNNINGS RESTAURANT GOOD FAITH ESTIMATE \$50.00			
	12.b. Amount. \$50			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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8. Name and address of Business (including trade name, if any). Name KELLY PRESS INC. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1701 CABIN BRANCH DRIVE City CHEVERLY State Maryland ZIP Code + 4 20785	9. Business deals with: a. Labor Organization b. Trust c. Employer			
40 150 h. av 0 a in absolved vive trust or application name	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	PRINTING COMPANY 11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	BASEBALL GAME BALTIMORE VS MINNESOTA FOUR TICKETS AT \$45.00			
	12.b. Amount. \$180			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
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City Indiana Control of the Control				
Sinte ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	PRINTING COMPANY			
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	12.b. Amount. \$180			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name NOVAK / FRANCELLA Trade Name, if any: P.O. Box, Bidg., Room No., if any SUITE 501 Street TWO BALA PLAZA City BALA CYNWYD	a. Labor Organization b. Trust c. Employer			
State Pennsylvania ZIP Code + 4 19004				
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	CERTIFIED PUBLIC ACCOUNTANTS			
Street Instruments on the state of the state	11.b. Approximate dollar value of such dealing.			
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4	DINNER 11/16/04			
	12.b. Amount. \$42			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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Trade Name, if any:				
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13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PALM SPRINGS RIVERIA HOTEL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1600 NORTH INDIAN CANYON DRIVE City PALM SPRINGS State California ZIP Code + 4 92262-4602	a. Labor Organization b. Trust c. Employer	on		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. HOTEL-USED FOR WEST COAST BUSINESS MANAGERS MEETING FEBRUARY 28 - MARCH 4, 2004 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. HOTEL PLACED CHEESE, FRUIT TRAY, BOOTLED WATER IN HOTEL ROOM			
	12.b. Amount.	y un mais in grown plus diegen verantenen zu prieder plus de p		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			